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APPLICANTS

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** CONTINUING DATA ***** NONE AL

** FOREIGN APPLICATIONS ***** NONE AL

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

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Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY GERMANY	SHEETS DRAWING 1	TOTAL CLAIMS 5	INDEPENDENT CLAIMS 2
Verified and Acknowledged	Examiner's Signature <i>Amelia Link</i> Initials <i>AL</i>				

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TITLE

Cervical intervertebral prosthesis

FILING FEE RECEIVED 1320	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue)
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